

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 700157-053471
In re Application of Makrigiorgos	Confirmation No. 6102	
Application Number 10/758,401	Filed 01-15-2004	
Examiner Molly E. Baughman	Group No. 1637	
For Amplification of DNA in a hairpin structure, and applications		
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate entity fee are as follows</p> <div style="display: flex; justify-content: flex-end;"> <div style="text-align: right;"> <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$60/\$120) \$ _____ <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$230/\$460) \$ <u>230.00</u> <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$525/\$1050) \$ _____ <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$820/\$1640) \$ _____ <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1115/\$2230) \$ _____ </div> </div> <p><input checked="" type="checkbox"/> Applicant claims small entity status.</p> <p><input type="checkbox"/> A check to cover the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>50-0850</u>.</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p>		
<p>I am the <input type="checkbox"/> applicant/inventor</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record.</p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____.</p>		
<u>/Leena H. Karttunen/</u> <div style="text-align: center;">Signature</div>	<u>February 12, 2008</u> <div style="text-align: center;">Date</div>	
<u>Leena H. Karttunen (Reg. No. 60,335)</u> <div style="text-align: center;">Typed or printed name</div>	<u>617-345-1367</u> <div style="text-align: center;">Telephone Number</div>	
<p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p>		